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PENISTONE
URBAN DISTRICT COUNCIL



ANNUAL REPORT
of the
Medical Officer of Health
for the Year
1962

PENISTONE URBAN DISTRICT COUNCIL.

HEALTH COMMITTEE, 1962.

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STAFF OF THE HEALTH DEPARTMENT.

Medical Officer of Health.

J. MAIN RUSSELL, M.B., Ch.B.(Edin.), B.Hy., D.P.H.

Deputy Medical Officer of Health and
Senior Assistant County Medical Officer.

F.C. ARMSTRONG, M.B., Ch.B., D.P.H.

Surveyor and Public Health Inspector.

D. TUTIN, M.A.P.H.I., Cert. S.I.E.J.B., Cert. M. & F.I.

Additional Public Health Inspectors.

D.N. FURNISS, M.A.P.H.I., Cert. S.I.E.J.B., Cert. M. & F.I.

R.C. STUTTLE, Cert. S.I.E.J.B., Cert. M. & F.I.

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MORTOMLEY HALL, HIGH GREEN, SHEFFIELD.

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PENISTONE URBAN DISTRICT COUNCIL.

Annual Report of the Medical Officer of Health
for the year 1962.

To the Chairman and Members of Penistone Urban District Council.

Lady and Gentlemen,

I have the honour to submit my Annual Report upon the Health Services of the Penistone Urban District for the year ended 31st December, 1962. As in previous years I am including in this document some statistics indicating the extent of the Part III Services in the district.

The Vital Statistics for the year are not so encouraging as they were in 1961. The Birth Rate has fallen to 15.4 per 1,000 of the population (corrected rate 15.7), and is lower than that for England and Wales and the West Riding Administrative County. The Death Rate has increased from last year's very low figure, but at 12.2 per 1,000 of the estimated population it only varies a few decimal points from the rate for the rest of the country. The corrected rate is 11.8. The Still-Birth Rate is rather disappointing, for at 43.5 per 1,000 live and still-births it compares most unfavourably with that for the rest of the country and is, indeed, the highest rate we have had since 1957, when it was 51.3. It is most unfortunate to have to report those unfavourable statistics, as there is no evidence whatever that skilled ante-natal care, help at confinements and post-natally is other than readily available. The Infantile Mortality Rate, which gives a general indication of the health of the community, has also risen compared with the figure for 1961. At 36.4 per 1,000 live births it compares very unfavourably with the rate for England and Wales and that for the West Riding Administrative County. Admittedly, when one deals with such small numbers, even one death can materially affect the rate, but nevertheless it is a "rate", and that is the yard-stick by which we measure such things. In the Penistone Urban District four children died in 1962 before they reached the age of one year. Two died before they were a week old because of premature birth; one died from congenital malformation before the age of six months, and one died from Bronchopneumonia and an infection of the upper respiratory tract. Of the four deaths three might be termed unpreventable but, certainly, the case of infection is a preventable death, and would indicate how liable to such disasters these young lives are when infection is brought to them in early days of life.

It is always interesting to me to consider the principal causes of death, and on looking at the tables in this document one finds that of the total of 87 deaths 26 were due to diseases of the Circulatory System, which included Coronary Disease. The highest group of deaths was in the deaths from Cancer and other malignant conditions. This group accounted for 28 deaths. Of those 28 deaths 3 were due to Cancer of the Lung; this is one more than in the previous year. There is no doubt that the rate of increase of deaths from Lung Cancer has been quite obvious in recent years, and in 1962 the total number in the country exceeded 26,000. The cause of Cancer is not fully known, but we do know for certain that cigarette smoking helps to cause it. It is also within our knowledge that to stop smoking helps to prevent it, yet it would appear there is precious little evidence that there has been an awareness of these facts judging by the amount of smoking we see in our day to day journeys.

Last year I reported there were no deaths from accidents, but I am afraid this was too good to be a permanent feature. During 1962 there were in all 6 deaths due to violence, 2 road accidents involving motor vehicles, 2 suicides, and 2 home accidents (a female, 84, as the result of a fall, and a female child of 2 years, as the result of severe scalds). We have in Penistone, as you know, a very active Road Safety Committee and a separate Home Safety Committee. All the members of these two Committees work hard.

They try to devise ways and means to disseminate propaganda with a view to lessening the toll of accidents on the road and in the home, and they are concerned like all of us when we see statistics like those mentioned above. I am sure we must be exceedingly grateful to those Committees for the respective works they do, and for their devoted service to the Committees. I would like to see more representation on our Home Safety Committee, and I am sure there are many people who would like to do something if they only knew what was required. They are welcome to contact the Secretary of the Committee, at the Public Health Department at Penistone Town Hall, at any time. We would be glad to have them.

In 1961 the Infectious Diseases picture was interesting in that there was a very high incidence of Measles, and for Penistone a relatively high incidence of Scarlet Fever. In 1962 Measles accounted for 52 cases out of a total of 65. There were 10 cases of Scarlet Fever, which is relatively high again for Penistone. There was a total of 65 cases in all, and I would say that this was an overall satisfactory picture. The Scarlet Fever cases were mild in type; the Measles varied in severity, but in no case was there any disabling complications and all the patients recovered.

Mr. Tutin, the Senior Public Health Inspector, has prepared a statistical report, with comment, and that I include in this document. Commenting on the report briefly, one notices that in the Penistone Urban District out of a total of 2,535 houses 2,494 are supplied by water from a public supply. The remaining 41 are supplied from a satisfactory private piped supply. During the year these water supplies were examined, public supply 14 times for chemical analysis, 14 times for plumbosolvency, and on all occasions, chemically, the water was found to be satisfactory. The water was examined 203 times for bacteriological purity, and on all but 7 occasions the result was satisfactory. On the few occasions when there was a higher count than we would like, the matter was dealt with effectively and without delay. The source of water supply for the Penistone area originates at boreholes and springs, and the supply has been adequate during the year. The Water Undertakers are Barnsley Corporation, and they supply my department with regular laboratory reports of water tests, both chemically and bacteriologically.

Sewage disposal is satisfactory so far as the provision of water carriage system is concerned. Approximately 98% of all the properties in the Urban District are provided with water closets. Less than 1% have trough closets, and a similar number with privies. The latter are in parts of the district where there is neither a piped water supply nor main sewer. These others not immediately drained to public sewers are inspected at regular intervals as a routine measure by the departmental staff.

I mentioned in my report last year that I was rather concerned about the overburdened Sewage Disposal Works at Spring Vale. I did mention then that I hoped to be able to report this year that construction work would have commenced, but I am sorry that this is not so and the problem is still difficult. The original scheme was to cost approximately £120,000, but at the end of the year the Consultant Engineers were still surveying the whole problem. As you know, there is no room to extend the Works at Spring Vale, and it was decided to pursue the idea of establishing Disposal Works at Oxspring. A site was provisionally agreed upon, but at the time of writing this report the Consultant Engineers have some doubt as to whether or not the site chosen would indeed be large enough in view of the recent relatively extensive building that has taken place within the Urban District. It is good to think that the matter is having attention, but I would be happier if I saw the Disposal Works established and in working order.

The Public Health Inspectors spend a relatively high proportion of their time in the local abattoir on meat inspection duties. It is sometimes found necessary to do overtime to deal with particular inspections, especially at weekends. To release the fully qualified Public Health Inspectors to do more work in the field of

environmental health, it has been suggested that someone might be appointed exclusively for the purpose of meat inspection. This idea is being given some thought at the moment.

Before I conclude this short introduction to my Annual Report I would like to record my thanks to the Chairman and members of the Health Committee for their kindly support and encouragement during the year, and to the Clerk of the Council and the remainder of the staff for their advice and help and, at times, wise counsel. I would like, also, to put on record my appreciation of the work of Mr. Tutin and his staff in the Public Health Department for their loyal support and efficient service.

I would like here to enter a personal note and to say that I deeply appreciate the kind enquiries made by you during the first three months of the year, whilst I was away from duty because of illness. It was inevitable that extra work was required of all members of my staff in consequence of this, and I am exceedingly grateful to them for the tremendous efforts they made to maintain the high standard of efficiency which we endeavour to provide in our department. By no means the least of this help was provided by my deputy, Dr. Armstrong, and to him I put on record my most grateful thanks for not only carrying out his own duties with a high standard of efficiency, but overseeing the whole work of the department so satisfactorily.

I am,

Your obedient servant,

J. MAIN RUSSELL

Medical Officer of Health.

DISTRICT STATISTICS IN BRIEF.

The Penistone Urban District covers an area of 5,593 acres. The district is divided into 3 parts, Penistone, Thurlstone and Hoylandswaine.

The Rateable Value of the District at the 1st April, 1962 was £66,781, whilst the product of a penny rate was £267. 5s. 3d.

VITAL STATISTICS.

POPULATION.

The Registrar-General has given his estimation of the population at mid 1962 as 7,130. This is an increase of 60 as compared with 1961.

BIRTHS.

There were 110 live births registered in the district during the year. Of these 57 were males and 53 females. There were five illegitimate births, 1 male and 4 female.

The uncorrected BIRTH RATE was 15.4 per 1,000 of the estimated population. After application of the Comparability Factor (1.02) issued by the Registrar-General, the corrected Birth Rate was 15.7.

STILL-BIRTHS.

There were five Still-births registered in the district during the year, 3 males and 2 females.

DEATHS.

87 deaths were attributed to the district during 1962; of these 46 were males and 41 females.

The CRUDE DEATH RATE was, therefore, 12.2 per 1,000 of the estimated population. By application of the Death Comparability Factor (0.97) the corrected rate was 11.8.

Set out below are tables of Live Birth Rates, Still-birth Rates and Crude Death Rates, with those rates for other parts of the Country. From these tables it can be seen how the district compares with the Country generally.

RATES PER 1,000 OF THE ESTIMATED POPULATION.

<u>Year.</u>	<u>England and Wales.</u>	<u>West Riding Administrative County.</u>	<u>Penistone U.D.</u>
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LIVE BIRTHS

1962	18.0	17.8	15.4
1961	17.4	17.2	16.3
1960	17.1	16.9	16.6
1959	16.5	16.5	15.8

DEATHS (Crude Death Rates)

1962	11.9	12.0	12.2
1961	12.0	12.1	9.6
1960	11.5	11.5	12.5
1959	11.6	11.6	12.2

STILL BIRTHS

(Rates per 1,000 Live and Still Births)

1962	18.1	18.5	43.5
1961	18.7	20.2	8.6
1960	19.7	22.4	17.5
1959	20.7	20.4	27.5

INFANT MORTALITY.

There were 4 deaths of children under one year of age during 1962, equivalent to an Infantile Mortality Rate of 36.4 per 1,000 Live Births.

AGE DISTRIBUTION OF INFANT DEATHS.

Cause of Death.	Total									Total
	Under 1-wk.	1-2 wks	2-3 wks	3-4 wks	under 4-wks	1-3 mths	3-6 mths	6-9 mths	9-12 mths	under 1-yr.
Broncho-pneumonia	-	-	-	-	-	1	-	-	-	1
Prematurity	1	-	-	-	1	-	-	-	-	1
Congenital Malformations	1	-	-	-	1	-	1	-	-	2

MATERNAL MORTALITY.

There were no maternal deaths during the year.

EPIDEMIC DISEASES.

There were no deaths in the Epidemic Diseases (other than Tuberculosis) Group during the year.

PRINCIPAL CAUSES OF DEATH.

<u>CANCER.</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
Stomach	3	2	5
Lung	3	-	3
Breast	-	5	5
Other sites, including Leukaemia	5	5	10
<u>DIABETES</u>	1	-	1
<u>VASCULAR DISEASE OF NERVOUS SYSTEM</u>	7	7	14
<u>CIRCULATORY SYSTEM</u>			
Coronary Disease	4	4	8
Hypertension with Heart Disease	2	1	3
Other Heart Diseases	7	8	15
<u>RESPIRATORY SYSTEM</u>			
Influenza	2	1	3
Pneumonia	-	1	1
Bronchitis	5	2	7
<u>DIGESTIVE SYSTEM</u>			
Gastritis, Enteritis and Diarrhoea	1	1	2
<u>INFANT DEATHS</u>			
Congenital Malformations	2	-	2
<u>VIOLENCE.</u>			
Motor Vehicle Accidents	1	1	2
Suicide	1	1	2
All other accidents	-	2	2
<u>OTHER DEFINED and ILL-DEFINED DISEASES</u>	2	-	2
All causes	46	41	87

AGE DISTRIBUTION OF DEATHS

<u>AGE GROUP.</u>	<u>MALE.</u>	<u>FEMALE.</u>
Under 1 year	3	1
1 - 10 years	1	1
10 - 15 years	-	-
15 - 25 years	1	-
25 - 45 years	1	3
45 - 65 years	8	8
Over 65 years	32	28
	<hr/>	<hr/>
TOTAL	46	41
	<hr/>	<hr/>

INQUESTS.

Six Inquests were held, and in 8 cases the cause of death was certified by the Coroner after Post Mortem Examination without Inquest.

NATIONAL HEALTH SERVICE ACTS, 1946/57.

Vital Statistics.

Live Births	
Number	110
Rate per 1,000 population	15.4
Illegitimate Live Births per cent of total live births	4.5
Stillbirths	
Number	5
Rate per 1,000 total live and still-births	43.5
Total Live and Still-births	115
Infant Deaths (deaths under 1 year)	4
Infant Mortality Rates	
Total infant deaths per 1,000 total live births	36.4
Legitimate " " " " legitimate live births	38.1
Illegitimate " " " " illegitimate " "	-
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	18.2
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	18.2
Perinatal Mortality Rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	60.9
Maternal Mortality (including abortion)	
Number of deaths	-
Rate per 1,000 total live and still-births	-

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS

AND OTHER DISEASES.

Infectious Diseases other than Tuberculosis.

During the year 65 cases of Infectious Disease were notified. They were as follows :-

Scarlet Fever	10
Measles	52
Pneumonia	2
Whooping Cough	-
Dysentery	-
Food Poisoning	-
Meningococcal Infection	1
	<hr/>
	65
	<hr/>

AGE DISTRIBUTION OF INFECTIOUS DISEASES.

DISEASE	AGE GROUP										TOTALS			
	0 - 1 yr.	1 - 2 yrs.	2 - 3 yrs.	3 - 4 yrs.	4 - 5 yrs.	5 - 10 yrs.	10 - 15 yrs.	15 - 25 yrs.	25 - 35 yrs.	35 - 45 yrs.		45 - 65 yrs.	65 yrs. & over	Age unknown.
Measles	1	8	4	4	3	31	1	1	1	1	1	1	1	52
Scarlet Fever	1	1	1	1	1	6	3	1	1	1	1	1	1	10
Whooping Cough	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dysentery	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Food Poisoning	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Acute Pneumonia	1	1	1	1	1	1	1	1	1	1	1	1	1	2
Meningococcal Infection	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Puerperal Pyrexia	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Acute Poliomyelitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1
TOTALS :	1	8	4	4	4	37	4	1	1	1	1	1	1	65

ATTACK RATE OF COMMONER INFECTIOUS DISEASES.

<u>Disease</u>	<u>England and Wales</u>	<u>West Riding Administrative County</u>	<u>Penistone U.D.</u>
Measles	3.96	6.85	7.29
Whooping Cough	0.18	0.14	0.00
Scarlet Fever	0.33	0.39	1.40
Pneumonia	0.27	0.34	0.28
Poliomyelitis (Paralytic)	0.00	0.00	0.00
Dysentery	0.66	0.55	0.00
Meningococcal Infection	0.01	0.01	0.14

SCARLET FEVER.

During 1962 the incidence of Scarlet Fever within the district was nearly as high as it was in 1961. There were 10 cases, compared with 12 in the previous year, and the attack rate was much higher than that for the rest of the country. Six of the cases occurred in the first quarter of the year and one in the second quarter; the other three occurred in the fourth quarter. Of the total, 3 cases were over the age of 10 years, and 2 of the total number were admitted to hospital since facilities were not satisfactory to treat the cases and give the necessary isolation in the patients' own home. The distribution of the cases was as follows :-

Penistone	...	...	7
Cubley...	...	...	1
Thurlstone	...	...	1
Hoylandswaine	...	...	1

WHOOPIING COUGH.

There was no Whooping Cough notified at all during the year in the Penistone Urban District - the first time this has happened so far as my records can tell me. The attack rate for this disease for the country is 0.18. Vaccination against Whooping Cough is now becoming quite a popular demand at the Clinics and from the family doctor. These occasional paroxysmal spasms of coughing are most alarming, and I am certain that this picture worries the parents and encourages them to seek protection. There is often the serious sequels to attacks of Whooping Cough which must not be forgotten, and which might also increase the demand for immunisation. I do not think we are being unrealistic when we say that this demand for immunisation and the consequent high degree of immunity acquired by the younger children is to some degree responsible for the low incidence of the disease. During the year there were only 74 children protected, compared with 103 in 1961 and 91 in 1960.

MEASLES.

I mentioned last year in my report that Measles, which usually follows a biennial pattern, was reasonably expected to appear in fair quantity during that year. You will remember that it did appear, but the outbreak was beyond our expectation when 298 cases were reported. If this pattern was to remain consistent, it meant that in 1962 we could reasonably expect little or no measles at all, yet during the year under review 52 cases of Measles were notified. It was towards the end of the first quarter of the year before the first case was reported, and that was from Millhouse. None was notified during the spring and summer and early autumn, and only one other case was notified before the end of September. In the last quarter of the year, however, we had 50 cases notified - Penistone 44, Hoylandswaine 2, Cubley 3, Millhouse 1. All except one of the cases were in the 5 to 10 years age group. The attack rate for the disease for the country was 3.96, for the West Riding Administrative County 6.85, and for Penistone Urban District 7.29.

One is at a loss to account for this slight change in pattern of incidence of this disease, but it does emphasise how infectious the disease is, and how easily it is spread amongst young people.

How important it is, therefore, that when Measles is about parents should make sure that any child who is a possible victim should have early care and attention, and should not resume contact with other children until declared free from infection. We are hopeful that in the near future a vaccine will be available similar to those available for Whooping Cough and Poliomyelitis, and, when that vaccine becomes freely available, it may be that we will see this disease controlled as in the case of Diphtheria, Whooping Cough and Poliomyelitis.

DIPHTHERIA.

We must mention this disease only from the point of view of giving some statistics with regard to immunisation demand within the district. There are no cases of the disease to report, but I am just wondering if this happy state of affairs will persist very much longer in the light of the lessening of demand for immunisation. In the Penistone Urban District during 1962 there was again a falling off in the demand for immunisation against Diphtheria. Only 82 children received the primary immunisation, compared with 111 in the previous year and 147 in 1960. Of this total of 82, 75 were under the age of 5 years, the remainder being children in the age group 5 to 15 years. Booster doses were given to 45 children when they attended for school medical inspection on admission to school at the age of 5. This total of 45 was an increase in number compared with 1961, when 33 received the booster dose of antigen, but in 1960 there were 82. All my staff are most persistent in their endeavours to persuade mothers of young babies to take advantage of the immunisation scheme against Diphtheria.

Diphtheria is a disease that is almost forgotten by many people, but we cannot forget it, for it is certain that if the immunity rate falls the disease is liable to return, and that would be a sad day for many young people.

DISEASES OF THE ALIMENTARY TRACT.

I use this heading, as an all embracing one, to cover such diseases as Food Poisoning, Dysentery, Typhoid, Paratyphoid, which are diseases caused by the swallowing of the germ, its growth in the bowel and the subsequent absorption of poisons into the system. In other words it means that so long as the organism has not been swallowed the patient cannot be infected. The organism is passed in the contents of the bowel and occasionally in the urine and, therefore, for a person to become infected with any of this group of diseases the organism passed from the infected patient must have been transmitted to the victim who swallowed it. This indicates a break-down of technique of personal hygiene in some form or another, or the direct contamination of food or water by coming in contact with the infected excreta. Extreme fastidiousness in personal hygiene habits would eliminate many of these diseases from our midst.

POLIOMYELITIS.

There was no Poliomyelitis reported during the year, making a total of six years since we had a case in Penistone Urban District. Routine vaccination against Poliomyelitis has undoubtedly been responsible to a large extent, if not altogether, for the absence of this disease, but we must maintain a high level of immunity. During 1962 the Ministry of Health introduced the Oral Poliomyelitis Vaccine after the Minister had been assured of its complete safety. This Oral Vaccine was used in place of the conventional Salk Vaccine, which was administered by injection. Oral Vaccine is administered by giving a lump of sugar which has been impregnated with a drop of Vaccine, or in the case of very young babies in a syrup which has been similarly treated. This is undoubtedly a very much more acceptable form of administration and in Clinics, particularly, mothers have been known to comment about the ease with which this protection can be given to the children (and need I also mention that mothers have expressed the wish that other immunisations could be so administered). I cannot give you the statistics particular to Penistone Urban District. As I have mentioned in previous reports it is extremely difficult to break down numbers because of the inevitable overlap of districts. I give below the statistics for the Division.

PRIMARY IMMUNISATION.Age Group.

Children born in 1962.
 Children born in 1961.
 Children and young persons born
 in the years 1943 - 1960.
 Young persons born in the years
 1933 - 1942.
 Others.

TOTALS :

Number of persons who have received:	
Salk Vaccine	Oral Vaccine
Two injections	Three doses
2	172
78	603
350	365
120	114
274	399
824	1,653

REINFORCING DOSES.

Number of persons given third injection of Salk Vaccine ... 700
 Number of persons given fourth injection of Salk Vaccine ... 10
 Number of persons given a reinforcing dose of Oral Vaccine
 after:
 (1) 2 Salk doses ... 2,896
 (2) 3 Salk doses ... 1,872

Included in the above tables are the numbers of record cards submitted by general practitioners throughout the year, details of which are as follows :-

PRIMARY COURSES

Salk Vaccine - 1st & 2nd injections - 566
 Oral Vaccine - 3 doses - 289

REINFORCING DOSES

Salk or Oral - 3rd doses - 1,122
 4th doses - 152

SMALLPOX.

The widely publicised outbreak of Smallpox in the Bradford area during the early part of the year did more to stimulate public interest in vaccination than any of our previous major campaigns. It is a matter for regret that people should be panicked into seeking vaccination at such times. The services are not geared to deal with overwhelming demands the public may make. During the Bradford outbreak the increased demand for vaccination nearly exhausted the stocks of lymph available. In one period alone supplies were so limited that vaccination had to be restricted solely to immediate contacts and persons "at risk". Vaccination against Smallpox has always been available, free of charge, at Clinics or by the family doctor. If such opportunities are not used it is inevitable that at crisis times near-panic will arise. I advise parents to think about this most seriously.

The practice recommended by the West Riding County Council Health Department that routine Smallpox vaccination should preferably be done in the second year of life continues, and it is interesting to note that in 1962 the Ministry of Health circularised all General Practitioners and Medical Officers of Health recommending this procedure as a national policy. In your area during 1962, 969 people were vaccinated against smallpox. 13 of these were under one year, 532 between the ages of 1 and 15 years, and 424 aged 15 years and over. In addition 619 people were revaccinated.

MASS RADIOGRAPHY.

The mobile Mass Radiography Unit visited Penistone in September, and was stationed at the Penistone Welfare Clinic. I and the Director of the Unit were rather disappointed that the attendances were less than we had hoped for, and I, personally, feel that if and when the Unit pays another visit to Penistone there will be much more enthusiasm shown on the part of the general public to come and avail themselves of this excellent facility. At the same time the visit was valuable in the amount of significant disease discovered. There were four cases of Tuberculosis found, all of whom were referred to the Chest Clinic for investigation. Three of those cases proved to be active and required hospital treatment. The fourth was probably inactive, but the patient nevertheless required Clinic supervision. As a result of the finding of those four cases my fieldworkers immediately began a search for all contacts, and I am very glad to report that the families were all very co-operative and gave every assistance, and submitted themselves for investigation. I am appending below the statistics provided by the Director of the Unit.

SUMMARY OF PUBLIC SURVEY HELD AT

PENISTONE WELFARE CLINIC

19th - 25th September, 1962.

Attendances for :-	Male	Female	Total
Miniature Film Examination			
General Public	202	352	554
Doctors Patients	2	5	7
Booked Groups	164	5	169
Ante Natal Patients		2	2
Total Miniature Films	368	364	732
Large Film Recall	11	5	16
Total Attendances at Unit	379	369	748
Patients referred to:-			
Chest Clinic	3	1	4
Recheck in 6 - 12 months	3	-	3
Own Doctor	8	5	13

PROVISIONAL DIAGNOSIS OF PATIENTS REFERRED TO CHEST CLINIC

	Male	Female
Active Tuberculosis	3	-
Inactive Tuberculosis	-	1

SOME OTHER ABNORMALITIES DISCOVERED

	Male	Female
Healed Tuberculosis	1	1
Cardiovascular Abnormalities	2	4
Pneumoconiosis	5	-
Bronchitis & Emphysema	2	-
Pleural Thickening	-	1

B.C.G. VACCINATION.

Owing to a change in policy it was decided to postpone the usual autumn sessions to the spring of 1963. Previously vaccination was given to children in the 13 to 14 years age group; it has now been decided to include all children in their first year at the Secondary Modern or Grammar Schools. There are, therefore, no statistics for the Penistone Urban District in respect of this.

NOTIFICATIONS OF TUBERCULOSIS.

During the year there were 9 cases of Tuberculosis notified compared with 3 cases in the previous year. This would appear to be a rather significant rise in incidence, but of the 9 cases notified 3 were the cases referred to in the above report from the Mass Radiography Unit. Four other cases were transferred into the Penistone area from other districts, where they were already notified cases of Tuberculosis. Five of the above cases were admitted to hospital, the remaining ones having domiciliary supervision.

One of the most important duties which fall on us when cases of Tuberculosis are notified is to search diligently in the homes and amongst all the friends of the patients affected, to eliminate any possibility of a carrier. We have a well trained and long experienced Health Visitor in this field, who specialises in this business of following up all cases and arranges for contacts to be examined and for any other investigation to be carried out to make sure no infected person has been missed. We are very fortunate in this district in that not only do we have such an officer, but the public are most co-operative and are only too glad to help in every way they can.

GENERAL PROVISION OF THE HEALTH SERVICES

HOSPITALS.

The General Hospitals available locally for the Penistone area are those in Barnsley and Sheffield. For certain parts of the area it may be more convenient to use the Huddersfield Hospitals.

Infectious Diseases are accommodated chiefly in Kendray Hospital, Barnsley, and other cases may be dealt with at Lodge Moor, Sheffield. Maternity cases are dealt with at the Hallamshire Maternity Home, Chapeltown, St. Helen Hospital, Barnsley, and Princess Royal Maternity Home, Huddersfield.

LABORATORY FACILITIES.

All Laboratory work is carried out by the two Public Health Service Laboratories, one at Wakefield and one at the City General Hospital, Sheffield.

MORTUARY.

There is a mortuary in Penistone and this serves the surrounding area.

AMBULANCE SERVICE.

This section of the service continues to function admirably. An increase in the vehicle establishment during the year brought the number of vehicles up to eight, two of these being based at the Fire Station in Penistone. A 24-hour service is maintained and the overall number of journeys is increasing. In particular the volume of traffic to the new Teaching Hospital in Sheffield has reached such proportions that the West Riding have pioneered a new scheme of ambulance control. A Depot Officer is based on the hospital premises to co-ordinate the flow of ambulances, particularly in relation to the return journeys. Not only does this ensure a speedy turn round of vehicles and a consequent saving in time and money, but the patient also benefits, having no longer to suffer the frustration of endless hours awaiting transportation back to their own homes.

There has also been a noticeable change in the movement of patients over the year. The number of journeys to the Barnsley Hospitals has decreased, as consultants now want to see their patients at the new Teaching Hospital. This has obviously increased the mileage undertaken by the County Council ambulances, and although there has been a drop in the number of journeys to the old established hospitals this has been only slight as, naturally, orthopaedic, maternity and casualty journeys have still to be made to these hospitals.

CLINICS.

Below are the tables showing the various Clinics held within the Penistone District and, in certain cases, figures indicating the number of attendances during 1962.

CHILD WELFARE CENTRES.

Name and Address of Centre. Name of Doctor and Nurse in attendance.	Day and Time of sessions.	Total number of attendances during the year.	
		Number who attended for first time during 1962	Children up to 5 years
PENISTONE Shrewsbury Road. Dr. H.R. Meacock, Mrs. H. Dransfield.	Monday p.m.	238	1,475
CAWTHORNE Golf House. Dr. J. Main Russell, Mrs. D.M. Simpson.	Alternate Wednesdays p.m.	52	349
MOBILE CLINIC - CROW EDGE Dr. F.C. Armstrong, Mrs. D.M. Simpson.	Alternate Thursdays a.m.	51	215
MOBILE CLINIC - THURGOLAND Dr. F.C. Armstrong, Mrs. D.M. Simpson.	Alternate Thursdays p.m.	64	299

Other Clinics held at Shrewsbury Road, Penistone are :-

Ophthalmological; Ante-Natal Relaxation Classes;
Poliomyelitis Vaccination; Speech Therapy; Chiropody.

An Ante-Natal Clinic is held at Shrewsbury Road, Penistone every Tuesday afternoon; the General Medical Practitioners in Penistone attend alternate weeks. The Midwives working in the Penistone Urban and Rural Areas attend each Clinic.

TUBERCULOSIS.

Patients and contacts attend the Chest Clinic held at 46, Church Street, Barnsley, where the Tuberculosis Health Visitor is present and maintains liaison with the Chest Physician and his staff. In addition she undertakes domiciliary visiting. A full investigation is carried out at the Clinic in Barnsley on cases referred.

HEALTH VISITING SERVICE.

The Health Visiting Service in the area for the period under review has been considerably under strength because of the ill health of Miss K. Power and the resignation of Miss R.M. Townend, on marriage. Mrs. Dransfield was transferred to the area in September from Stocksbridge but, unfortunately, is not yet mobile.

The majority of the Health Visiting Service has been conducted by Health Visitors from other parts of the Division. In consequence of this it is extremely difficult to be factual with

statistics, as the work conducted by each Health Visitor is credited to that Health Visitor's own district, but, notwithstanding this difficulty, we have studied the records and this is a fair approximation of the health visiting work done during the year under review. The number of domiciliary visits made by the Health Visitors was in the region of 1,120.

The Health Visiting staff as at 31st December, 1962 :-

<u>Name.</u>	<u>Address.</u>	<u>Telephone No.</u>
Mrs. H. Dransfield.	14A, Armitage Road, Deepcar.	Stocksbridge 2214.
Miss K. Power. (Off sick as from February, 1961)	11, Wood View, Elsecar, Nr. Barnsley.	Hoyland 3169.

HOME NURSING SERVICE.

The staff at the 31st December, 1962 :-

Mrs. M.E. Henderson.	22, Cross Lane, Stocksbridge.	Stocksbridge 3338.
Miss M. Thompson. (D.N.M.)	34, Victoria Street, Penistone.	Penistone 2267.
Miss S. Thwaites. (D.N.M.)	34, Victoria Street, Penistone.	Penistone 2267.
Mrs. R. Chambers. (Relief - off sick as from December, 1962)	76, Fir Tree Estate, Thurgoland.	Stocksbridge 3370.

The area during the year was fully staffed so far as the Home Nursing Service was concerned. Miss Thompson returned to her area in December after successfully passing her Queen's District Training. All the Home Nurses are mobile and available on the telephone.

The Home Nurse visits all types of nursing cases. These include the giving of injections of all types of drugs, general nursing care of the sick, the acute and chronic sick, and those requiring pre-operative investigation for the hospitals, enemata, etc.

During the year the nurses in the Penistone Urban and Rural areas attended 206 cases, and performed in all 6,578 visits.

MIDWIFERY SERVICE.

The Midwives available as at the 31st December, 1962 :-

<u>Name.</u>	<u>Address.</u>	<u>Telephone No.</u>
Miss J.L. Bain.	"Plevna", Silkstone Common, Nr. Barnsley.	Silkstone 356.
Miss M. Thompson.	34, Victoria Street, Penistone.	Penistone 2267.
Miss S. Thwaites.	34, Victoria Street, Penistone.	Penistone 2267.

The Midwifery Service, so far as staff is concerned, has been up to strength during the year. The midwives are mobile and available on the telephone.

During 1962 the Midwives attended 101 confinements, 89 cases in the capacity of Midwives and 12 as Maternity Nurses. Of these cases 2 availed themselves of Gas and Air Analgesia and 34 of Trilene Analgesia.

The duties of the Midwife include ante-natal care of the expectant mother in the home and at the Clinic, delivery of the baby and the necessary visiting during the puerperium for a minimum of 10 days. In addition they conduct an Ante-natal Class for expectant mothers, where group discussions take place, demonstrations and instruction in various methods of helpful exercise.

DOMESTIC HELP SERVICE.

During 1962 the number of Domestic Help hours provided was 5,644 as compared with 6,371 the previous year. In all, 16 Domestic Helps were employed in 36 homes. There were 20 cases continuing from 1961, but the others were new. The following table explains the type of cases whose homes were cared for :-

General cases, 65 years and over	...	...	28
General cases under 65 years	...	...	4
Tuberculosis cases	...	...	-
Maternity cases	...	...	4
Others	...	...	-
			<u>36</u>

The majority of hours are provided for the general cases over 65 years of age. Thus this service could be labelled as one which contributes much to the comfort of the aged, and does help to prolong their stay at home and postpone the demand for Part III accommodation. These ladies give invaluable service and, in addition to carrying out their domestic duties, help to prevent loneliness among the old people. Of course, help from the family and voluntary agencies is still required to combat loneliness amongst the aged.

CHIROPODY SERVICE.

The Chiropody Service which the West Riding County Council established throughout its area in 1960 continues to provide a much needed service in the community. In my report for 1960 I outlined the procedure for obtaining this treatment.

The service is in great demand and 121 patients attended the Clinic at Penistone during 1962; in all they received 507 treatments. During the same period 61 patients received domiciliary treatment, involving 182 treatments or visits to the homes. I have been informed by the Chiropodist that on six occasions she made a domiciliary visit by appointment and found that the patient was not at home.

MENTAL HEALTH SERVICE.

The work for the prevention of mental disorder, and the care and after-care of persons suffering from mental disorder, is now largely in operation. The success of the service is dependent on the attitude of the Medical Superintendents and staffs of the hospitals, the Consultant Psychiatrists and General Practitioners. By the end of the year we had gone a long way towards establishing a new pattern and it has been well received by all. Penistone Urban and Rural Districts come within the catchment area of Storthes Hall Hospital, where accommodation for mentally sick patients is somewhat limited at the moment. However, there have been no marked delays in getting admission of the urgent case. The Medical Superintendent has re-organised the internal administration with helpful results. He also invited Medical Officers of Health and Mental Welfare Officers to a general discussion concerning internal and external problems. This type of discussion is to be a regular feature, and most helpful they are.

The good relationship between hospital and local authority staff still exists. As a result of this and the liaison with other services, many discharged persons have been placed in open employment, and no real difficulties have been experienced regarding admission to Psychiatric Hospitals.

The need for accommodation for the mentally disturbed aged person is growing and is likely to grow even further. With regard to admission to hospital for the subnormal and severe subnormal the position could be better, as it is not easy to obtain permanent places for the most serious cases. Short-stay care has proved of great value in providing a change for the patient and relief in the family, but with many more parents taking advantage of this service it is becoming very difficult to obtain vacancies for all, especially during the summer months.

After-care for the mentally ill discharged patient and social work with problem families suggests that the role of the Mental Welfare Officer has materially changed, which I am sure will be for the good of the service and the community.

With the rapid expansion of the training at centres, the Mental Welfare Officers have been able to devote more time to the needs for the mentally subnormal who are not suitable for, or in need of such training.

There is a very active Parent/Teachers' Association at the Training Centre. During the year many social functions have been held, e.g. Beetle Drives, Social evenings, and last year there was a visit to the Circus at Leeds. The Association have given the Centre a cine-camera and projector, so they have now a film record of many events.

The new extensions are nearing completion, and ideas will have to be formulated as to how the extensions can be put to their best use to give the trainees a variation of work. Included in the extensions is a Care Room, which it is hoped will provide a relief for the parents who have children who are particularly handicapped and unable to use the present transport facilities. It is hoped to take in cot and sitting cases.

Care and Guidance.

<u>16 years and over</u>						<u>Male</u>	<u>Female</u>
In full employment	...	...	...	...	...	10	2
Fully employed and/or supervised at home	...	...	...	...	...	3	6
Training Centre	...	...	...	...	...	2	2
<u>Under 16 years</u>							
Training Centre	...	...	...	...	...	3	3
Cot Case	...	...	...	...	...	~	1
						<u>18</u>	<u>14</u>

During the year there were no male admissions, but 7 females were admitted to Storthes Hall Hospital, two of these being readmissions after a very short period.

There were 3 discharges notified by the hospital, after-care being asked for in one case.

DISTRIBUTION OF WELFARE FOODS.

The amount of Welfare Foods issued in Penistone Urban District during 1962 was as follows :-

National Dried Milk	777 tins
Cod Liver Oil	143 bottles
Vitamin A and D Tablets	193 (packets of 45)
Orange Juice	1,483 bottles

It will be seen that compared with the previous year there has been a considerable reduction in the sales of Orange Juice, Cod Liver Oil and Vitamin A and D Tablets. This may be due to the fact that on the 1st June, 1962 the Government instituted a charge for these various commodities, the Orange Juice retailing at 1s/6d. per bottle, Cod Liver Oil at 1s/-d. per bottle and Vitamin A and D Tablets at 6d. per packet.

These foods are issued at the following Centres throughout the Division on the days and times stated :-

<u>Address of Premises</u>	<u>Days</u>	<u>Times</u>
<u>STOCKSBRIDGE URBAN DISTRICT</u>		
Child Welfare Centre, British Hall, Stocksbridge.	Tuesday	10 - 12 a.m.
		1.30 - 3.30 p.m.
	Friday	10 - 12 a.m.
<u>PENISTONE URBAN DISTRICT</u>		
Child Welfare Centre, Shrewsbury Road, Penistone.	Monday	2 - 4 p.m.
<u>PENISTONE RURAL DISTRICT</u>		
Child Welfare Centre, Golf Club, Cawthorne.	Alternate Wednesdays	1.30 - 3.30 p.m.
Stocksbridge Co-op., Crane Moor, Thurgoland.	During shop hours	
Mrs. Thickett, Post Office, Oxspring.	During shop hours	
<u>HOYLAND NETHER URBAN DISTRICT</u>		
Mrs. Mellor, Queen Street, Hoyland Common.	Thursday	2 - 4 p.m.
Child Welfare Centre, Miners' Welfare Hall, Hoyland.	Tuesday	11 - 12 a.m.
		2 - 4 p.m.
<u>WORTLEY RURAL DISTRICT</u>		
Clinic, Parish Hall, Oughtibridge.	Thursday	2 - 4 p.m.
Clinic, Memorial Hall, Worrall.	Alternate Tuesdays	2 - 4 p.m.
Child Welfare Centre, Miners' Welfare Hall, Chapelton.	Wednesday	11 - 12 a.m.
		2 - 4 p.m.
Clinic, Methodist Chapel, High Green.	Tuesday	2 - 4 p.m.
Colley Estate Clinic, Wheata Place, Sheffield, 5.	Monday Wednesday	2 - 4 p.m. 2 - 4 p.m.
Clinic, Methodist Chapel, Norfolk Hill, Grenoside.	Thursday	2 - 4 p.m.

WORTLEY RURAL DISTRICT (Contd.)

<u>Address of Premises</u>	<u>Days</u>	<u>Times</u>
Child Welfare Centre, Wharnccliffe Silkstone Welfare Hall, Pilley, Nr. Barnsley.	Alternate Mondays	2 - 4 p.m.
Child Welfare Centre, Knowle Top, Stannington.	Wednesday	2 - 4 p.m.
Child Welfare Centre, Congregational Church, Loxley.	Alternate Tuesdays	1.30 - 3.30 p.m.
Mrs. Iles, Post Office, Wharnccliffe Side.	Friday	2 - 4 p.m.
Mrs. D. Harper, The Shop, Main Road, Dungworth.	During shop hours	

SANITARY CIRCUMSTANCES OF THE AREA

(Prepared by Mr. D. Tutin)

The following is a tabulated list of inspections made during
the year:-

DWELLING HOUSES 1962

Inspections under Housing Regulations	40
Reinspections under Housing Regulations	23
Inspections not under Housing Regulations	91
Reinspections not under Housing Regulations	135

NUMBER OF VISITS TO:

Slaughterhouses	625
Butchers Shops	12
Other Food Premises	63
Public Conveniences	10
Market	161
Licensed Premises	9
Refuse Tips	41

INSPECTIONS UNDER:

Petroleum Acts	27
Factories Acts	23

INFECTIOUS DISEASES:

Primary Visits	10
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DRAINAGE:

New lengths inspected and tested	66
Drainage Nuisances	22

OTHER INSPECTIONS AND VISITS

Rodent Control	61
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NUISANCES ETC. ON BOOKS WITH NUMBER OF NOTICES
SERVED:

Nuisances in hand, end of 1961	47
Nuisances found during 1962	43
Notices served, informal	43
Nuisances abated during 1962	29
Nuisances outstanding at end of 1962	61

FOOD PREMISES.

The following food premises exist in the area:-

- 29 Grocers and General Dealers
- 6 Confectioners and Sweet Shops
- 3 Bakehouses.
- 1 Chicken Processing Factory.
- 6 Butchers.
- 3 Greengrocers.
- 2 Snackbars.
- 6 Fried Fish Shops.
- 16 Licensed Premises.

About 29 of the above premises are licensed for the sale of ice-cream and in addition at least 26 mobile food shops and vans are known to operate in the area. From time to time inspections of these vans and also the food premises have been carried out and a satisfactory standard has been maintained.

MEAT INSPECTION.

The number of animals slaughtered in the district has again dropped to a figure of just under 20,000. This is about 3,000 less than last year, but a study of the figures shows the reduction to be mainly in respect of the smaller animals whilst the number of cattle slaughtered has again risen by about 400. Whilst the amount of overtime worked by the Meat Inspectors still continues to be lower than it was some years ago, I still think it is unfortunate that it should be necessary at all.

At the beginning of the year the licences for the four slaughterhouses were issued for a three monthly period in order to enable works of improvement to be completed. By the end of March, all the slaughterhouses had been brought up to a proper standard and licences were issued for a further 12 months. Some statistics regarding meat inspection and private slaughtering are given in Appendix 1 to this report.

INFECTIOUS DISEASES.

During the year all notified cases of infectious disease were visited and where necessary the premises were disinfected.

REFUSE COLLECTION AND DISPOSAL.

With the completion of more new houses within the area it became more and more difficult during the year to maintain even a fortnightly collection of refuse, and towards the end of the year the Council placed a provisional order for a new and larger refuse vehicle. It is hoped that when this vehicle is in operation there will be considerable improvement in this service.

SALVAGE.

The sale of waste paper during the year realized the sum of £92.17.6d. and the sale from other salvage realized the sum of £1. 5. 6d.

RODENT CONTROL.

All complaints of rodent infestation were investigated and the necessary treatment carried out. In several cases where treatment of business premises was found to be necessary the occupiers were charged with the cost. The Council's own property including sewage works, refuse tip and allotments have been regularly visited and treated.

HOUSING & PROPERTY MANAGEMENT.

Early in the year the housing repairs programme suffered a severe set back by the gales which affected most of the district. 229 Council houses and other properties suffered damage and the total cost of repair work amounted to just over £1,500. After the necessary claims had been made to the Insurance Company the net cost to the Council was approximately £675. One house in particular suffered severe damage when the whole chimney stack collapsed, damaging the roof timbers. The Council are indebted to the various Contractors and our own workmen for the speedy way in which this and other urgent repair work was carried out.

During the year 43 Council houses had new fireplaces installed, in place of existing obsolete cooking ranges and brick fireplaces, and 136 Council houses were painted externally. The total cost of repair work carried out during the year was just over £10,000. Four new houses were completed at Royd Avenue and a Contract for 37 houses at Shrewsbury Road and Millhouse Green was started.

NEW HOUSES.

22 Private houses and 4 Council houses were completed during the year bringing the total number of dwellings in the district to 2,535. In arriving at this figure account has been taken of the fact that 7 houses were closed under the provisions of the Housing Act.

FACTORIES ACTS.

Appendix II to this report gives the details of factories in the area as required by the Ministry of Health. These factories were visited from time to time and any defects reported to the occupiers.

SEWERS & SEWAGE WORKS.

Springvale sewage disposal works continued to be grossly overloaded and are generally in a very poor condition. The Consulting Engineers are at present working on the details of the new scheme which is having to be revised in order to make provision for a much greater increase in population in the future than had previously been envisaged. The disposal works at Howlandswaine continued to function satisfactorily but from time to time a poor sample of effluent was obtained from the Thurlstone works, and it may be necessary before very long to make alternative arrangements in the Thurlstone area.

CATTLE MARKET.

The table below shows the total number of animals passing through the market during the year. The figures in brackets indicate the numbers during the previous year.

	CATTLE.	CALVES.	SHEEP.	PIGS.	TOTAL.
Dairy	223 (60)	- -	240 (144)	300 (432)	763 (636)
Fatstock	5060 (3481)	475 (257)	4000 (3610)	2632 (1822)	12,167 (9,170)
			Total	12,930 (9,806)	

A P P E N D I X I.

MEAT AND FOOD INSPECTION.

YEAR ENDING DECEMBER 1962.

All animals whose slaughter was notified during the year have been inspected and those showing evidence of disease examined in detail.

The total weight of meat and offal condemned as unfit for human consumption was 16 tons 8 cwt. 2 qrs.

	<u>J. M. ARSDEN.</u>	<u>A. M. ARSDEN.</u>	<u>HELLIWELL.</u>	<u>HINCHLIFF.</u>	<u>TOTAL.</u>
Cows	2671	-	4	15	2690
Other Cattle	1201	102	120	320	1743
Calves	291	-	-	1	292
Sheep	7391	12	270	217	7890
Pigs	7366	-	107	299	7772
				<u>TOTAL</u>	<u>20,387</u>

<u>Class of Animal</u>	<u>Cows</u>	<u>Cattle excluding Cows</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>
Number Inspected	2690	1743	292	7890	7772
<u>All disease except Tuberculosis</u>					
Whole carcasses condemned	13	1	2	20	17
Carcasses of which some part or organ was condemned	691	125	1	69	1264
Percentage of carcasses affected with disease other than Tuberculosis	26.17%	7.229%	1.027%	1.128%	16.48%
<u>Tuberculosis Only</u>					
Whole carcasses condemned	2	-	-	-	-
Carcasses of which some part or organ was condemned	2	2	-	-	87
Percentage of carcasses affected with Tuberculosis	.143%	.114%	-	-	1.16%

Details of carcasses and part carcasses condemned are given below:-

<u>Class of Animal</u>	<u>Disease or Condition</u>
1 Carcase of beef and offal	- Badly set.
1 Carcase of beef and offal	- Badly bled.
1 Carcase of beef and offal	- Septic Pneumonia.
1 Carcase of beef and offal	- Generalised bruising.
1 Carcase of beef and offal	- Septic Peritonitis.
1 Carcase of beef and offal	- Septic Pericarditis.
1 Carcase of beef and offal	- Septic Metritis.
1 Carcase of beef and offal	- Toxaemia.
1 Carcase of beef and offal	- Bruising.
2 Carcases of beef and offal	- Generalised Tuberculosis.
3 Carcases of beef and offal	- General Oedema.
2 Carcases of beef and offal	- Abnormal odour.
2 Part carcasses of beef	- Abscesses.
1 Carcase of mutton and offal	- Extensive bruising.
1 Carcase of mutton and offal	- Dead on arrival.
3 Carcases of mutton and offal	- Badly set.
3 Carcases of mutton and offal	- Emaciation.
4 Carcases of mutton and offal	- Decomposition.
3 Carcases of mutton and offal	- Septic Pneumonia.
2 Carcases of mutton and offal	- Abscesses.
1 Part carcase of mutton	- Bruised.
1 Part carcase of mutton	- Gangrenous.
1 Part carcase of mutton	- Injuries.
1 Carcase of Pork and offal	- Extensive bruising.
1 Carcase of pork and offal	- Abscesses.
1 Carcase of pork and offal	- Badly set.
1 Carcase of pork and offal	- Moribund.
4 Carcases of pork and offal	- Emaciation.
3 Carcases of pork and offal	- Pneumonia.
4 Carcases of pork and offal	- Dead on arrival.
2 Carcases of pork and offal	- Septic.
1 Part carcase of pork	- Rickets.
1 Part carcase of pork	- Tuberculosis.
1 Part carcase of pork	- Abscesses.
1 Carcase of veal and offal	- Decomposition.
1 Carcase of veal and offal	- Badly set.
3 Carcases of mutton and offal	- Moribund.

The following offals were condemned for various reasons too numerous to set out in detail:-

85 Beasts heads & tongues.	384 Cows udders.
382 Beasts livers.	1 Calf liver.
55 Beasts Intestines.	28 Sheeps plucks.
2 Beasts stomachs.	32 Sheeps livers.
40 Beasts lungs.	97 Pigs plucks.
2 Beasts spleens.	1104 Pigs lungs.
34 Beasts hearts.	168 Pigs livers.
11 Beasts skirts.	87 Pigs heads.
17 Beasts kidneys.	2 Pigs intestines.

A P P E N D I X II.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1962 FOR THE
URBAN DISTRICT OF PENISTONE
IN THE COUNTY OF YORKSHIRE.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937
PART I OF THE ACT.

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Section 1,2,3,4 and 6 are to be enforced by Local Authorities	1	2		
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	28	42		
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	7	25		
	36	69		

2 - Cases in which DEFECTS were found
(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more 'cases')

(1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted. (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Sanitary Conveniences (S.7)					
(b) Unsuitable or defective	4	3		4	
(c) Not separate for sexes	-	-		-	
Total	4	3		4	

